## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### **FORM D**

1394061

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008

SEC 1972 (2-99)

Estimated average burden hours per response . . . 16.00



Name of Offering (	Name of Official ( about if this is an amount and name has about and indicate about a	
Stock. Series A Preferred Stock and the underlying Common Stock issuable upon conversion thereof. Common Stock Warrans  File Under (Check box(es) that apply):		
File Under (Check box(es) that apply):		
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Opinmind, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  2900 Gordon Avenue, Suite 100-6, Santa Clara, CA 95051  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Same as above  Brief Description of Business  Online users content  Type of Business Organization    corporation   limited partnership, already formed   other (please specify):   limited partnership, to be formed    Month   Year   Other (Please specify):   Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Stock. Series A Preferred Stock and the underlying Common Stock issuable upon conv	ersion thereof. Common Stock Warrants
A. BASIC IDENTIFICATION DATA  A. BASIC IDENTIFICATION DATA  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Opinmind, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  2900 Gordon Avenue, Suite 100-6, Santa Clara, CA 95051  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Same as above  MAR 2 3 2007  Brief Description of Business  Online users content  Type of Business Organization  Corporation   limited partnership, already formed   other (please specify):    business trust   limited partnership, to be formed  Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	on 4(6) ULOE SEC MARCO
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1. Enter the information requested about the issuer  Nam: of Issuer   Check if this is an amendment and name has changed, and indicate change.)  Opinmind, Inc.  Address of Executive Offices   (Number and Street, City, State, Zip Code)   (408) 970-9183    Address of Principal Business Operations   (Number and Street, City, State, Zip Code)   (408) 970-9183    Address of Principal Business Operations   (Number and Street, City, State, Zip Code)   (408) 970-9183    Address of Principal Business Operations   (Number and Street, City, State, Zip Code)   (408) 970-9183    Telephone Number (Including Area Code)    Brief Description of Business   (Number and Street, City, State, Zip Code)   (408) 970-9183    Type of Business Content   (Number and Street, City, State, Zip Code)   (408) 970-9183    Type of Business Content   (Number and Street, City, State, Zip Code)   (408) 970-9183    Type of Business Content   (Number and Street, City, State, Zip Code)   (408) 970-9183    Type of Business Content   (Number and Street, City, State, Zip Code)   (408) 970-9183    Type of Business Content   (Number and Street, City, State, Zip Code)   (408) 970-9183    Thomson   (Including Area Code)   (408) 970-9183    Thomson   (Including Area Code)   (408) 970-9183    Telephone Number (Including Area Code)   (408) 970-9183    Telephone Numbe		\\MAD \\
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Address of Principal Business Operations (Number and Street, City, State, Zip Code) FIOCESSED  Address of Principal Business Operations (if different from Executive Offices)  Same as above  Brief Description of Business Online users content  Type of Business Organization  Corporation  Imited partnership, already formed Dusiness trust  Actual or Estimated Date of Incorporation or Organization:  (408) 970-9183  Telephone Number (Including Area Code)  Thomson  Thomson  Month Year  Month Year  Actual Estimated  Jurisdiction of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for State:	Address of Executive Offices (Number and Street, City, State, Zin Code)	Telephone Number (Including Area Code)
Address of Principal Business Operations (if different from Executive Offices)  Same as above  MAR 2 3 2007  Brief Description of Business Online users content  Type of Business Organization Corporation Subsiness trust  Imited partnership, already formed Imited partnership, to be formed  Actual or Estimated Date of Incorporation or Organization:  Durisdiction of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for State:	, , , , , , , , , , , , , , , , , , ,	
Same as above  Brief Description of Business Online users content  Type of Business Organization    Corporation   Ilmited partnership, already formed   other (please specify):   business trust   Ilmited partnership, to be formed    Actual or Estimated Date of Incorporation or Organization:   0 9 0 5		A5
Brief Description of Business Online users content  Type of Business Organization Corporation Durisdiction of Incorporation or Organization:  When the second of Incorporation or Organization:  Second of Incorporation or Organization:  When the second of Incorporation or Organization:  When the second of Incorporation or Organization:  Second of Incorpo		Telephone Number (Including Area Code)
Type of Business Organization   Corporation	Same as above MAR 2 3 2	707
Type of Business Organization   Corporation   Ilmited partnership, already formed   Other (please specify):   business trust   Ilmited partnership, to be formed    Actual or Estimated Date of Incorporation or Organization:   Month   Year   O   S   Mactual   Estimated	Brief Description of Business	
Corporation	Online users content	V
Corporation	Type of Business Organization	
Durisdiction of Incorporation or Organization:   Ilmited partnership, to be formed   Month   Year		other (please specify):
Actual or Estimated Date of Incorporation or Organization:  0 9 0 5 Actual  Lestimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:		
Actual or Estimated Date of Incorporation or Organization:  0 9 0 5 Actual  Lestimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Month Ve	ear
CN for Canada; FN for other foreign jurisdiction) C A	Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta	ite:
	CN for Canada; FN for other foreign jurisdiction)	C A

#### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

<del> </del>		A. BASIC IDENT	IFICATION DATA		
2. Enter the information rec	uested for the foll-				
·		er has been organized with	in the past five years;		
				sition of, 10% or	more of a class of equity
securities of the issu		, ,	•	•	• •
Each executive office	er and director of	corporate issuers and of co	orporate general and manag	ing partners of pa	rtnership issuers; and
<ul> <li>Each general and m</li> </ul>	anaging partner of	partnership issuers.			
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	■ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			•	
Kim, James	•				
Business or Residence Address	s (Number and Str	reet City State Zin Code)			
		venue, Suite 100-6, Santa		•	
Check Box(es) that	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or
Apply:	M FIUINOICI	M Delicticial Owlice	M Executive Officer	Director	Managing Partner
Full Name (Last name first, if	individual)				3
Mi, Hongcheng	individual)				
	- OT Cr	C' C 7'- C1-\			
Business or Residence Address		reet, City, State, Zip Code) venue, Suite 100-6, Santa			
Check Box(es) that Apply:	Promoter 2	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				ividing ing i di tito
Mei, I-Heng	marviduai)				
	01 1 10	- C' - C - C - C - C - C - C - C - C - C			
Business or Residence Address					
		venue, Suite 100-6, Santa		<del></del>	
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Anderson, Steve					
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)			
c/o Opinmind, Inc.	- 2900 Gordon A	venue, Suite 100-6, Santa	Clara, CA 95051		
Check Box(es) that	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or
Apply:					Managing Partner
Full Name (Last name first, if	individual)				
Baseline Ventures,	LLC				
Business or Residence Addres	s (Number and Sti	reet, City, State, Zip Code)			-
3101 Clay Street, #	3, San Francisco,	CA 94115			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				<u> </u>
Swinmurn, Nick	•				
Business or Residence Address	s (Number and Str	reet City State Zin Code)			
	•	venue, Suite 100-6, Santa			
Check Box(es) that	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Apply:		Beneficial Owner	Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			•		]	B. INFOR	MATION	ABOUT O	FFERING					
1.	Has t	he issuer s	sold, or do	es the issu	er intend t	o sell, to n	on-accredit	ed investors	in this offer	ring?			Yes	No
•					Answer	also in Ap	pendix, Col	umn 2, if fi	ling under L	JLOE.				
2.	What	is the mi	nimum inv	estment th	at will be	accepted fi	om any ind	ividual?			*********	\$N/A		
r													Yes	No
					•	_					or indirectl			_
	comm a pers states	nission or son to be , list the	similar rer listed is ar name of th	nuneration n associate ne broker	n for solic ed person or dealer.	itation of p or agent of If more tl	urchasers in a broker of	n connection r dealer reg persons to	n with sales istered with be listed ar	of securities the SEC an	s in the offer d/or with a s I persons of	ing. If tate or		
Full	Nar.ne	(Last nar	ne first, if	individual	)									
Busin	ness o	or Residen	ce Addres:	s (Number	r and Stree	t, City, Sta	te, Zip Cod	e)						
Nam	e of A	ssociated	Broker or	Dealer									·	
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Full	Name	(Last nar	ne first, if	individual	)				-					
Busi	ness o	r Residen	ce Addres	s (Number	r and Stree	t, City, Sta	te, Zip Cod	e)						
Nam	e of A	ssociated	Broker or	Dealer	-			· <del></del>	<del>.</del> .					
							icit Purchas						□ Al	l States
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Full	Name	(Last nar	me first, if	individual	)	·					· ·			
Busi	ness c	or Resider	ce Addres.	s (Number	r and Stree	t, City, Sta	te, Zip Cod	e)						
Nam	e of A	Associated	Broker or	Dealer										
							icit Purcha							1.54
(C	heck	"All State	s" or checl	k individu	ai States)						***************************************	***********		1 States
[ A		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
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[M	_	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	
[ R	1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ P R	: ]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
•	Type of Security	Aggreg Offerir	gate 1g Price		Am	ount Already Sold
	Debt	\$	-0-		\$	-0-
	Equity	\$530,0	03.12		\$530	,003.12
	☐ Common ☐ Preferred				-	
	Convertible Securities (convertible notes and warrants)	\$195,2	09.61		\$ 19	5,209.61
	Partnership Interests	S	-0-		\$	-0-
	Other (Specify)	\$	-0-		\$	-0-
	Total	\$725,2	12.73		\$725	5,212.73
	Answer also in Appendix, Column 3, if filing under ULOE.			_		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
		Num Inves			Dolla	gregate ar Amount urchases
	Accredited Investors	9	9	\$	725,	212.73
	Non-accredited Investors	1	N/A	\$		N/A
	Total (for filings under Rule 504 only)	1	N/A	S		N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering	Туре	of		Dolla	ır Amount
		Secur	rity			Sold
	Rule 505		N/A	S		N/A
	Regulation A		N/A	. 5		N/A
	Rule 504		N/A	\$		N/A
	Total		N/A	\$		N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	-0-
	Printing and Engraving Costs				\$	-0-
	Legal Fees			$\boxtimes$	\$Tol	oe determined
	Accounting Fees				\$	-0-
	Engineering Fees				<u> </u>	-0-
	Sales Commissions (specify finder's fees separately)				\$	-0-
	Other Expenses (identify)				<u>s</u>	-0-
	Total			$\boxtimes$	STo I	be determined

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES A	ND USE	OF PROCEED	S
	Question I and total expenses furnished in r	gate offering price given in response to Part C - esponse to Part C - Question 4.a. This differen	ce is the		\$ <u>725,212.73</u>
i. •	used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceeds to the issuer used or propose he amount for any purpose is not known, fur estimate. The total of the payments listed mus forth in response to Part C - Question 4.b. above	nish an st equal		
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		□ s	-0-	□ \$ -0-
	Purchase of real estate			-0-	-0-
	Purchase, rental or leasing and installar	ion of machinery and equipment	□ s	-0-	□ \$ -0-
	Construction or leasing of plant building	gs and facilities	□ \$	-0-	□ \$ -0-
	offering that may be used in exchange	g the value of securities involved in this or the assets or securities of another	_ s	-0-	s -o-
	Repayment of indebtedness		□ s	-0-	□ s -0-
	Working capital		□ s		
	Other (specify):				
			□ s_	-0-	□ s <u>-0-</u>
			□ \$	-0-	<b>S725,212.73</b>
	Total Payments Listed (column totals a	dded)			<b>⋈</b> \$725,212.73
	·	,			
_	<del></del>	D. FEDERAL SIGNATURE			
oll	owing signature constitutes an undertaking b	gned by the undersigned duly authorized person the issuer to furnish to the U.S. Securities and any non-accredited investor pursuant to parag	I Exchang	e Commission,	d under Rule 505, th upon written request c
SSI	ner (Print or Type)	Signature //	Da	ate	
)p	inmind, Inc.	\ a4 -	Fe	ebruary <u>Z</u> ,	2007
lai	ne or Signer (Print or Type)	Title of Signer (Print or Type)	<b>'</b>		
	nes Kim	President			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)